PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Seiji UMEMOTO, et al.

Appln. No.: 09/756,792

Confirmation No.: 6553

Filed: January 10, 2001

Docket No: Q62563

Group Art Unit: 2872

Examiner: Alessandro V. Amari

For: OPTICAL PATH CHANGING POLARIZER

AMENDMENT UNDER 37 C.F.R. § 1.114(c)

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 21, 2004, and further to the Notice of Appeal filed on June 10, 2004, please amend the above-identified application as follows on the accompanying pages.
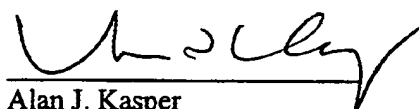
Sanelle et al

The Examiner relies upon Sanelle et al for a teaching of the use of an adhesive layer in a sandwiched structure 11 for an active matrix liquid crystal display panel. The Examiner points to a front polarizer 31 in Sanelle et al and notes that this structure has on one side thereof an index matched adhesive 37. The Applicants have already demonstrated why this reliance fails for two reasons.

In addition, however, the use of an absorbent-type polarizer in the claimed invention provides yet another distinction that is not remedied by Sanelle et al. For all of the reasons given above, one skilled in the art would not use an absorbent type polarizer in the refletive polarizer-based structure seen in Ouderkirk et al, even if modified by a combination with Sanelle et al. Such combination would not be operative, as noted previously. Thus, one skilled in the art would not look to replace the reflective polarizer in Ouderkirk with the polarizer of Sanelle.

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,

SUGHRUE MION, PLLC
Telephone: (202) 293-7060
Facsimile: (202) 293-7860

Alan J. Kasper
Registration No. 25,426

WASHINGTON OFFICE
23373
CUSTOMER NUMBER

Date: August 10, 2004

10

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09756079 2

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	29	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	29 minus 20=	9
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
	BASIC FEE	355.00	OR	BASIC FEE	710.00
	X$ 9=		OR	X$18=	162
	X40=		OR	X80=	
	+135=		OR	+270=	
	TOTAL		OR	TOTAL	872

CLAIMS AS AMENDED - PART II

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	29	Minus	29	= —
Independent	2	Minus	2	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	29	Minus	29	=
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	29	Minus	29	= —
Independent	9	Minus	3	= 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	576.00
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875
(Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)		SMALL ENTITY TYPE ☐	OR	OTHER THA SMALL ENTI
				RATE	FEE	RATE	FI
TOTAL CLAIMS				BASIC FEE	370.00	OR	BASIC FEE	74(
FOR	NUMBER FILED	NUMBER EXTRA						
TOTAL CHARGEABLE CLAIMS	minus 20=	*		X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	minus 3 =	*		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐		+140=		OR	+280=	
				TOTAL	.	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

8/19/04

CLAIMS AS AMENDED - PART II

OTHER TH/
SMALL ENTITY   OR   SMALL ENT

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	A TIC F
Total	* 29	Minus ** 29	=	X$ 9=		OR	X$18=	
Independent	* 10	Minus *** 9	= 1	X42=		OR	X84=	86.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	+140=		OR	+280=	
				TOTAL ADDIT. FEE	.	OR	TOTAL ADDIT. FEE	86.00

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	A TI F
Total		Minus **	=	X$ 9=		OR	X$18=	
Independent	*	Minus ***	=	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	+140=		OR	+280=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	T
Total	*	Minus **	=	X$ 9=		OR	X$18=	
Independent	*	Minus ***	=.	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	+140=		OR	+280=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.